DATE RECEIVED:		

COMPLAINT NO.:

KENTUCKY BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY Complaint Form

Person Filing Complaint

ddress:	City:		State:	Zip Code
ay Telephone: ()	E	Evening Telephone	e: ()	
	Cli	ent Informatio	n	
	(if differer	nt from person filing cor	mplaint)	
ame:				
ddress:	City:		State:	Zip Code
ay Telephone: ()	E	Evening Telephone	e: ()	
elationship to person filing	g complaint:			
Name	of Licensed Speecl	h-Language Pa	athologist or <i>I</i>	Audiologist
ame:	·			-
ddress:	City:		State:	Zip Code
	•		State:	Zip Code
	•		State:	Zip Code
ay Telephone: ()				,
ay Telephone: ()	hone number of pers	sons who may	provide addi	tional information
ay Telephone: () Name and p	hone number of pers	sons who may	provide addi	,
ay Telephone: () Name and pl Name Name	hone number of pers Telephone: (Telephone: (sons who may)	provide adding Type of Informate Type of Informate	tional information
Name and position Name Name Name Name Name	hone number of pers Telephone: (Telephone: (Telephone: (sons who may))	provide adding Type of Informate Type Ontology O	tional information ion ion
Name and plants. Name and plants. Name Name Name	hone number of pers Telephone: (Telephone: (Telephone: (sons who may))	provide adding Type of Informate Type Ontology O	tional information ion ion
Name and plants. Name and plants. Name Name	hone number of persTelephone: (Telephone: (Telephone: (Telephone: (sons who may)))	provide adding Type of Informate Type of Informate Type of Informate Type of Informate	tional information ion ion
Name and pl Name Name Name Name Name Name Name	hone number of persTelephone: (Telephone: (Telephone: (Telephone: (Telephone: (sons who may))) immary of Con	Type of Informat	tional information ion ion
Name and pl Name Name Name Name Name Name Name	hone number of persTelephone: (Telephone: (Telephone: (Telephone: (Telephone: (sons who may))) immary of Con	Type of Informat	tional information ion ion ion
Name and plants. Name Name Name Name Name	hone number of persTelephone: (Telephone: (Telephone: (Telephone: (Telephone: (sons who may))) immary of Con	Type of Informat	tional information ion ion ion
Name and plants. Name Name Name Name Name	hone number of persTelephone: (Telephone: (Telephone: (Telephone: (Telephone: (sons who may))) immary of Con	Type of Informat	tional information ion ion ion
Name and plants. Name Name Name Name Name	hone number of persTelephone: (Telephone: (Telephone: (Telephone: (Telephone: (sons who may))) immary of Con	Type of Informat	tional information ion ion ion
Name and plants. Name Name Name Name Name	hone number of persTelephone: (Telephone: (Telephone: (Telephone: (Telephone: (sons who may))) immary of Con	Type of Informat	tional information ion ion ion

Be sure to include any documentation you think will help the Board understand your complaint.
By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.
Signature: Date:

Condition WENTHOWN BOARD OF CREECH LANGUAGE DATHOLOGY AND ALIDIOLOGY

Send to: KENTUCKY BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

ATTN: COMPLAINT PROCESSING
PO BOX 1360
Phone: (502) 564-3296
Fax: (502) 564-4818

FRANKFORT KY 40602-1360